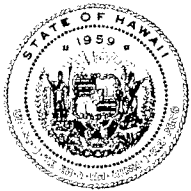


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HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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'07 FEB 20 P1:02

STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Moore	Cynthia		916-658-0144
MAILING ADDRESS (Street)			FAX
925 L Street, Suite 1200			(916) 658-0155
(City)	(State)	(Zip Code)	
Sacramento	California	95814	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
N/A			N/A
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

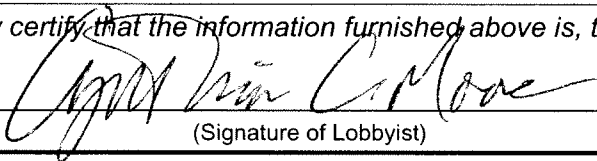
PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)			TELEPHONE
Pharmaceutical Research and Manufacturers of America (PhRMA)			(916) 233-3480
MAILING ADDRESS (Street)			FAX
1215 K Street, Suite 970			(916) 233-3488
(City)	(State)	(Zip Code)	
Sacramento	California	95814	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT			TELEPHONE
Elizabeth Z. Bartz, President			(330) 761-9960
MAILING ADDRESS (Street)			FAX
State & Federal Communications, Inc. 80 South Summit Street, Suite 100			(330) 761-9965
(City)	(State)	(Zip Code)	
Akron	Ohio	44308	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input checked="" type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input checked="" type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | <u>Pharmaceuticals</u> |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.


(Signature of Lobbyist)

2/16/2007
(Date)

PART V AUTHORIZATION TO LOBBY

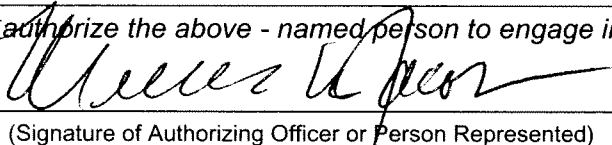
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Merrill Jacobs	Deputy Vice President

NAME OF ORGANIZATION (if applicable)	TELEPHONE
Pharmaceutical Research and Manufacturers of America	(916) 233-3480

MAILING ADDRESS (Street)	FAX
1215 K Street, Suite 970	(916) 233-3488

(City)	(State)	(Zip Code)
Sacramento	California	95814

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.


(Signature of Authorizing Officer or Person Represented)

2/13/07
(Date)